## IN THE HOUSE OF REPRESENTATIVES

## HOUSE JOINT MEMORIAL NO. 13

## BY HEALTH AND WELFARE COMMITTEE

## A JOINT MEMORIAL

TO THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE UNITED STATES IN CON-GRESS ASSEMBLED, AND TO THE CONGRESSIONAL DELEGATION REPRESENTING THE STATE OF IDAHO IN THE CONGRESS OF THE UNITED STATES.

We, your Memorialists, the House of Representatives and the Senate of the State of Idaho assembled in the Second Regular Session of the Sixty-fifth Idaho Legislature, do hereby respectfully represent that:

WHEREAS, each day in the United States, more than 130 people die after an opioid overdose; and

WHEREAS, in 2017, more than 47,000 Americans died from an opioid overdose, representing almost 70% of drug overdose deaths; and

WHEREAS, drug overdose is now the leading cause of accidental death in the United States; and

WHEREAS, as of 2017, it was estimated that 1.7 million Americans have substance use disorders relating to prescription opioids; and

WHEREAS, rural areas have been disproportionately affected by the opioid crisis, with the rate of overdose deaths increasing 325% since 1999, compared to a 198% increase for urban areas; and

WHEREAS, in 2017, 70.3 opioid prescriptions were written for every 100 persons in Idaho; and

WHEREAS, research shows that medication-assisted treatment (MAT) is more effective for treating people with opioid use disorder than non-MAT methods; and

WHEREAS, MAT is most successful when used as an element in "whole person treatment," which also includes appropriate behavioral health interventions such as cognitive behavioral therapy; and

WHEREAS, buprenorphine (Suboxone) is one medication approved for use in MAT; and

WHEREAS, despite the efficacy of MAT, only a third of those with opioid use disorder have access to this kind of treatment; and

WHEREAS, one reason for the lack of access to MAT is the common misconception that drug addiction is best treated using methods other than medication, even though brain chemistry is often altered by the misuse of opioids and can require medication intervention; and

WHEREAS, another critical reason for the lack of access to MAT is a federal law limiting the authority to prescribe buprenorphine. Currently, only about 5% of physicians in the United States, and 414 practitioners in Idaho, may prescribe buprenorphine, many of whom do not practice in rural areas; and

WHEREAS, the number of health care practitioners currently able to prescribe buprenorphine is not sufficient to reach everyone who would benefit from this treatment; and

WHEREAS, it is the belief of the Legislature that any practitioner who may legally prescribe opioids should also be able to prescribe medication

treatment for opioid use disorder, because the treatment should be as available as the problem is widespread.

NOW, THEREFORE, BE IT RESOLVED by the members of the Second Regular Session of the Sixty-fifth Idaho Legislature, the House of Representatives and the Senate concurring therein, that the Congress of the United States is requested to take action necessary to make buprenorphine accessible to the patients who need it. Congress is specifically requested to amend 21 U.S.C. 823 and other provisions of federal law as necessary to provide that any health care practitioner with authority to prescribe opioids should likewise have the authority to prescribe drugs or combinations of drugs appropriate for use in medication-assisted therapy, including buprenorphine.

BE IT FURTHER RESOLVED that the congressional delegation representing the State of Idaho in Congress is requested to sponsor and support the legislation necessary to make these amendments.

BE IT FURTHER RESOLVED that the Chief Clerk of the House of Representatives be, and she is hereby authorized and directed to forward a copy of this Memorial to the President of the Senate and the Speaker of the House of Representatives of Congress, and to the congressional delegation representing the State of Idaho in the Congress of the United States.